## AMENDED IN ASSEMBLY AUGUST 16, 1999 AMENDED IN SENATE MAY 25, 1999 AMENDED IN SENATE MAY 12, 1999

## SENATE BILL

No. 1105

## **Introduced by Senator Chesbro**

February 26, 1999

An act to amend Section 12693.91 of the Insurance Code, relating to the Healthy Families Program. An act to amend Section 18993.9 of the Welfare and Institutions Code, relating to health.

## LEGISLATIVE COUNSEL'S DIGEST

SB 1105, as amended, Chesbro. Healthy Families Program: grants: rural health care Health: youth pregnancies.

Existing law establishes the Community Challenge Grant Program, administered by the State Department of Health Services, in order to provide community challenge grants to reduce the number of teenage and unwed pregnancies. The provisions of this program are operative until July 1, 2000, and would be repealed on January 1, 2001.

Existing law conditions implementation on receipt of federal financial participation pursuant to a federal waiver received under the State-Only Family Planning Services Program.

This bill would eliminate this requirement.

Existing law, upon federal approval and financial participation, permits the State Department Of Health Services in conjunction with the Managed Risk Medical

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Insurance Board, the County Medical Services Program board, and the Rural Health Policy Council, to develop and administer, through the awarding of grants, up to 5 demonstration projects in rural areas to alleviate unique problems of access to health care in rural areas.

This bill would permit the grants to include funds for purchasing equipment, making capital expenditures, and providing infrastructure, including, but not limited to, salaries and payment of leaseholds. The bill would require that the funds be awarded only to qualified eligible health care entities as determined by the State Department of Health Services. The bill would vest title to any equipment or capital improvement in the grantee and not the state. The bill's provisions would only become operative when either funds are appropriated in the annual Budget Act or by another statute that funds the costs of implementing these provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 12693.91 of the Insurance Code
- 2 SECTION 1. Section 18993.9 of the Welfare and
- 3 Institutions Code is amended to read:
- 4 18993.9. <del>(a) This chapter shall remain operative until</del>
- 5 July 1, 2000, and shall remain in effect only until January
- 6 1, 2001, and as of that date is repealed, unless a later
- 7 enacted statute, which is effective on or before January
- 8 1, 2001, deletes or extends that date.
- 9 (b) Commencing July 1, 1999, this chapter shall only
- 10 be implemented if the department receives federal 11 financial participation for its implementation pursuant to
- 12 a federal waiver for family planning services provided
- 13 under the State-Only Family Planning Program
- 14 (Division 24 (commencing with Section 24000)).
- 15 is amended to read:
- 16 12693.91. (a) The State Department of Health
- 17 Services, in conjunction with the Managed Risk Medical
- 18 Insurance Board, the County Medical Services Program
- 19 board, and the Rural Health Policy Council, may develop

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and administer up to five demonstration projects in rural areas that are likely to contain a significant level of uninsured children, including seasonal and migratory worker dependents. In addition to any other funds provided pursuant to this section, the grants for demonstration projects may include funds pursuant to subdivision (d).

- (b) The purpose of the demonstration projects shall be to fund rural collaborative health care networks to alleviate unique problems of access to health care in rural areas.
- (e) The State Department of Health Services, in conjunction with the Managed Risk Medical Insurance Board and Rural Health Policy Council, shall establish the criteria and standards for eligibility to be used in requests for proposals or requests for application, the application review process, determining the maximum amount and number of grants to be awarded, preference and priority of projects, and compliance monitoring after receiving comment from the public.
- (d) The grants may include funds for purchasing equipment, making capital expenditures, and providing infrastructure, including, but not limited to, salaries and payment of leaseholds. The funds under this subdivision may only be awarded to qualified eligible health care entities, as determined by the State Department of Health Services. Title to any equipment or capital improvement purchased or acquired with grant funds shall vest in the grantee and not the state. Capital expenditures shall not include the acquisition of land. This subdivision shall only become operative when funds are appropriated in the annual Budget Act or by another statute to fund the cost of implementing this subdivision.
- (e) This section shall only become operative upon federal approval of the state plan or subsequent amendments for the program and approval of federal financial participation.

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1 (f) This section shall become inoperative on July 1, 2 2003.

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